Continuum of Care: Workgroup Meeting Minutes

Meeting Title	Date	Time	Location
RBS Subgroup Meeting	1.8.13	10:00 a.m. – 3:00 p.m.	OB 9, Room 1804

ROLES AND RESPONSIBILITIES

Role	Name
Co-Chair & Facilitator	Debra Williams
Co-Chair & Facilitator	Doug Johnson
Project Manager	Vincent Richardson
Scribe/Logistics	Nina Dyba
Technology Professional	Adrian McIntosh

ATTENDEES

X	Name	х	Name
X	Adrian McIntosh	Х	Angela Valdez
X	Brenda Usher	Х	Cora Dixon
X	Debra Williams	Х	Ray Thomas
X	Rebekah Best	Х	Romelia Fontamillas
X	Sheilah Dupuy	Х	Angela Vasquez
X	Barry Fox	Х	Chris Reefe
X	Chris Burns	Х	Dan Maydeck
X	David Ballard	Х	Dena Hall
X	Doug Johnson	Х	Gail Gronert
X	Geri Wilson	Х	Jannelle Prasad
X	Jim Martin	Х	Paige Swarbrick
X	Rich Ryan	Х	Steve Elson
X	Thomas Yee	Х	Anne LaBrash
X	Nina Dyba	X	

AGENDA

	Agenda Item	Presenter	Time
1	Welcome & Introductions	Debra Williams	10:00-10:15
2	Recap of December 18th meeting re: subgroup action plans	Debra and Doug	10:15-10:45
3	Discussion of RBS Action Plan	All	10:45-11:30
4	LUNCH	ALL	11:30-12:30
5	Continued discussion of RBS Action Plan	All	12:30-2:30
6	Overall Discussion/Questions	Debra/Doug	2:30-3:00
	Next Steps		
	Agenda Item	Presenter	Time

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CCR Fiscal Subgroup (RBS) Review of Materials in packet

- Doug opened with a background on RBS and the core elements for RBS
- Questions to think about: How are these core elements to be funded?
- Discussion of funding categories and the "stacking" levels for funding
- Identify elements of RBS that are working and critical to a statewide roll out
 - Staffing
 - o How it is funded
 - Family finding
 - Family engagement
 - Admin costs
- Question: What have we learned in the model and how can the positive impact items be expanded for CCR?
- Answer: in notes Doug sent out, additionally Doug discussed the structures of the funding streams and the how the
 pilot programs were using flexible funding to cover things like Bridge care or necessities families needed to be
 prepared for the child to return
- Identified better achieved permanency beings with good assessments and family engagement at the beginning.
- Identified the challenge of federal funding rules but advised creatively utilizing local funding to address the needs of the family and child
- Question the group must answer: What RBS components do we keep for a statewide roll out taking into consideration
 the diversity and availability of services in rural counties in order to achieve CCR reform?
- Discussion of IV-E funding for group home costs including time study to claim Admin costs associated with RBS activities and region 9 reviewing that currently
- Discussion of EPSDT funding and matching
- Discussion of contracts with mental health and how to max funding in collaboration with mental health for RBS
- Discussion of current funding and how that can be moved around to accommodate RBS and CCR reform
- Discussion of the 3 components 1. Group care 2. Family home 3. Bridge care
- Discussion of non EPSDT funding what is capped and what is not
- Identified needs and discussed what works well (for example need therapy for the family without the child to address issues that caused the child removal to begin with when returning to the family, not just family therapy with the child which is all that is currently funded)
- Need to look at data around the moratorium on GH applications and expansions and see what that looks like
- What are the training needs for Counties if they are rolling this out?
- ICPC issues and the RBS model—Need to have a discussion on this component how do we address kids that are being sent out of state? Do they get services? What does that look like?
- How are we addressing the probation issue? This has been identified as a significant challenge and a lot of children in congregate care are probation youth.
- What will the rate look like? Will it be a "case" rate? A component rate? A child rate? A cost estimate? Historical costs?

COUNTY DISCUSSIONS

- Sacramento-Geri Wilson
- Fiscal model needs to be cost neutral
- Sacramento's rate is low due to the constraints put on them by the Board of Supervisors
- They did not have money for family finding or bridge care—providers have been doing the family finding
- For eligibility for RBS Sacramento asked for all referrals to be youth that already had a permanent connection, though this did not always work and several youth ended up going into a foster family as those connections were dissolved in the process.
- 65% of the kids that graduated from the RBS program are with families in the 24 month time period

CHALLENGES identified in the process

- Beds are not full in RBS so it is difficult to estimate true costs
- VERY challenging to change the culture and get SW's to change their placement practices (even more difficult with probation)
- Systems culture shift with internal processes and placement practices is slow and often challenging

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- Does not allow for family members to get individual therapy or help as they need it. Allows for family therapy, but many times the parents or family member needs to work out some issues that have nothing to do with the youth but affect how they react to the youth, but there is not an avenue for that.
- Absolutely need family finding and engagement money and programs as part of any RBS programs
- *providers* Difficult to do accurate family finding with the information they are given by the County. There is often not enough information to fully do the family finding and it takes a long time without the proper information, this really needs to be part of a CORE model
- Courts buy in to this process is also key to success. They need to refer kids to RBS and County Council needs to be
 open to creative case planning and addressing issues over time. One success was being able to reinstate a parent's
 rights after they were terminated a number of years ago, but since County Council was willing to look at that option
 and see the changes of the parent, they were able to place the child back with family, it would not have happened if
 the Court was not willing
- Keeping the same worker is also key---the worker stays with the case with the family and a family specialist to work in the group home and the community—Youth partners are also key
- Major issue is EPSDT funding for clinical staff and getting mental health on the same page to max those funds and services for the families
- Another major challenge is getting placements and the system changes that are required—this will be challenging in a state rollout with 58 different cultures
- AFDC processing is an issue—have to be manually processed because there is not a way to do it in CALWIN. It is resource intense right now and would require a system change to implement statewide.
- Bridge care is important—Sacramento was not able to use this due to funding constraints but it should be CORE to an RBS model

Discussion:

- Discussed the 10 month "cliff" funding process in LA
- Modifications to consider: 1. Timeline is an issue (24 months) 2. Family engagement and finding is not funded 3. Carry along/wrap services 4. Parent partners and family support 5. Crisis intervention and stabilization have to be key components to this model
- Discussed the federal waiver and the need to get this approved to really roll out statewide—need the data to support that and present to the fed—Doug to work on this aspect

Items for further discussion:

- 1. CWDA to talk about County's perspective on the culture shift and the changes needed to roll out RBS
- 2. Look at assessment tools. Is CANS the best one for this model? Is there another one that will work better? If so what is the cost of using that new assessment tool? Does it need to be one tool or an adaptable tool for each County?
- 3. Target population? Do we have one? Should we have one? If so what would it look like and how does that affect funding?

Next Steps	Date
Smaller group to meet and create a draft	1.25.13—Report to larger group Provider to email draft component doc to Debra
Doug to look at the Cost data and speak with his members About RBS rollout and report back to the group	1.25.13